SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	Addresse Addresse
1. Article Addressed to: 8//5/0/2	D. Is failvery address difficulty the history? Yes If YES, enter delivery address recover.
* 02-236 Cumulus Licensing Corp.	(5) 16 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
3535 Piedmont Road Building 14, 14th Floor	
Atlanta, GA 30305	3. Service Type Gertified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandis
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-00-M-0952
n=101	
DOCKET NO. 02-23	ORDER DATED
	00.000
CERT	IFIED FCC / - // /
MAIL	
PETLIEN RECEI	PT REQUESTED
ALIONAL .	S O NISPE
NAME: Curulus Lig	ensing Constant
3535 Redmont Poor	SC. 11 2000
(A	BALLA
Atlanta, GA 3030	SCC-MAILBOOM
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U.S. Postal S	
	MAIL RECEIPT Only; No Insurance Coverage Provided)
Article Sent To:	
55	
Postage	s .83 02.236
Certified Fee	2.30 JUP Postmark
Return Receipt Fee	1.75 SEVEN WART
Restricted Delivery Fee (Endorsement Required)	
☐ Total Postage & Fees	\$ 4.88 \ 300 2 2002
Name (Please Print Clean	y) (to be completed by maile)
Street Asj, No. 707 SB	MD-USPS
- Jan Me	11110111 1 1 1 1
	CA BORK
12s Corm 3800, July 1999	GA 30265 See Reverse for Instructions